

Alabama Medicaid Agency Pharmacy and Therapeutics Committee Preferred Drug List Final

| <u>DRUG CLASS</u> | <u>PREFERRED GENERIC/OTC</u> | <u>PREFERRED BRAND</u> | <u>NON-PREFERRED BRAND</u> |
|--------------------------------------|----------------------------------|------------------------|---|
| SKELETAL MUSCLE RELAXANTS | All covered products | None | DANTRIUM FLEXERIL* LIORESAL* NORFLEX* NORGESIC* PARAFON FORTE DSC* ROBAXIN* SKELAXIN SOMA* SOMA COMPOUND* SOMA COMPOUND W/CODEINE* ZANAFLEX* |

FINAL

*Denotes generic available
for at least one dosage
form or strength

Drug name denotes all
dosage forms and strengths